

POSITION	ID NO.	DATE
CLASSIFIER	19	4/7/94
EXAMINER	352	4/4/94
TYPIST	331	4/12/94
VERIFIER	314	4-12-94
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	
Original	
1	4-4-94
2	4-4-94
3	
4	
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8	✓
9	+
10	+
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14	✓
15	✓
16	+
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19	✓
20	+
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22	✓
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SYMBOLS

- ✓ Rejected
- Allowed
- (Through number) Canceled
- ♦ Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Date
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